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APPLICANTS:

Robert Mathys JR., Bettlach, SWITZERLAND;

Beat Lechmann, Bettlach, SWITZERLAND;

Beat Gasser, Ittigen, SWITZERLAND;

** CONTINUING DATA ****

This application is a CON of PCT/CH01/00069 01/30/2001

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/28/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SWITZERLAND	DRAWING 1	CLAIMS 33	CLAIMS 3
Verified and Acknowledged Examiner's Signature	<i>PBP</i> Initials				

ADDRESS

51832
 JONES DAY
 222 EAST 41ST STREET
 NEW YORK , NY
 10017-6702

TITLE

Bone implant, in particular, an inter-vertebral implant

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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